STATEMENT OF

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FORM 1	ORGANIZATION						E.E.U. P.		CENTER	
			.— <u>.</u> — <u></u>			<u> </u>	Office Use	Only	CENTER	
1. NAME OF COMMITTEE (in	full)		heck if name changed)		mple:If typing, type r the lines.	12FE4	М5			
NEVADA (ÇQŅĢ	ŖĘŞŞ	IONAL	CAU	CUS				لبيا	
					11111				لبت	
ADDRESS (number and street)		P. O.	BOX 3	9871	6					
(Check if address is changed)		MIAMI BEACH				FL	FL 33239			
				CITY		STATE	ZII	P CODE	:	
COMMITTEE'S E-MA	address		•		dress) Caucuses(@gmail.	.çom , ,			
COMMITTEE'S WEB	PAGE ADI	DRESS (UR	L)							
(Check if	address ed)						11111		لبب	
is change		لسسا						1_1_1		
2. DATE 11	8	° ′ 20	12 [*]							
3. FEC IDENTIFIC	CATION N	JMBER	C							
4. IS THIS STATE	MENT 🗵	NEW (N) OR		AMENDED (A)					
I certify that I have of		JER	RY MC	•	-	f it is true, co	rrect and comple	≱te .		
Signature of Treasure	er _>_	Jen	neke.	4		Date	11 ′ 08°	Ź	012 *	
NOTE: Submission of	•	•	• /	•	oject the person signir	•	•	s of 2 U.	.S.C. §437g.	
Office Use Only					For further Information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission	_	FORN ed 02/20	•	